# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		(Note. 1)	Report Filed F	Market Market Service Con-	te \	Committee	A STATE OF THE OWNER, WHEN THE PARTY OF THE	Lobbyist		
Number	48		( Mark X)	790	[X]		V4 15 15 15 15			
Name of Filing Con Lobbyist	nmittee, Ca	ndidate or	Lisa Ferrick							
Street Address			303	0 Clar	k Road					
city Evile				State	Pa	Zip Code	16510-1	+502		
Type of Report (Pla	ice x under i	report type)						ACTION AND ADMINISTRATION OF THE PARTY OF TH		
1-6th Tuesday   2- 2nd Friday   3-30 Day Post   4-6th Tuesday   5-2nd Frida			5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>no</sup> Friday Pre-Election	Special 30 Day Post-Election			
					X					
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report		Termination Report			
Summary of Recei	pts and	From Date	To Dat	e		For	Office Use Only			
Expenditures		10/24/201	7 11/3	27/2017						
A. Amount Brough	nt Forward F	rom Last Repor	+ 0	681,75)			A0.	3		
B. Total Monetary (From Schedule I)	Contributio	ons and Receipt	s 8	0.00			四田 日	7		
C. Total Funds Ava (Sum of Lines A ar	C. Total Funds Available			8 (16,681.75)						
D. Total Expenditu	ires		8		55 7					
(From Schedule III E. Ending Cash Ba			624.14				37	7.		
(Subtract Line D fr	om Line C)		(17,	305.89)						
F. Value of In-Kind (From Schedule II)			2	00.0						
G. Unpaid Debts a (From Schedule IV		ons	8	0.00	Postion					
Part 1- If this is a Co		-t transurar alan	hara If this is a C	Affidavit Se						
I swear (or affirm) th	mmittee repo at this report	t, including the att	ached schedules	on paper, is to the	best of my knowle	dge and belief	true, correct and compl	ete.		
Sworn to and subscr	ibed before n	ne this			1	. 1	k			
day of	Dicen	1/1/1/20/1-1	- '1	_	//15G		mitting report			
L. LL	dalue A TH	DEPENNER	VANIA	Signature of Person Submitting report						
Si	ODATUKE TAF	RIALSEAL	0 !			Printed Na				
My Commission eyn	VASSESSAL T	ruz, Notary Publ Twp., Erie Coun	Ly I	_	814		73-8051	har		
	in dula E	xpire DAMarch 148 A ASSOCIATION OF I	22021	1 , S	Area Code	D	aytime Telephone Num	UGI		
Dort II If this is a rat	art of a Cand	lidata's Authoriza	d Committee rai	ndidate shall sign i	nere.		(4b. Ast of lime 0, 400°	7 (D.1. 1999 NO 290) an		
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.										
Sworn to and subsc	Sworn to and subscribed before me this									
day of20			<del>-</del>	Sig	gnature of Can	didate				
Signature				Printed Name						
PARK ANNO CORA NO			• •							
My Commission exp	MO.	DAY YR.		-	Area Code	Da	ytime Telephone Numb	er		

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number	
the amount of the View	

1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	S	0.60
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0.00
All Other Contributions (Part B)	8	0.00
Total for the reporting period (2)	8	0.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	S	0.00
All Other Contributions (Part D)	8	0.00
Total for the reporting period (3)	8	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	8	0,00

### PART A **Contributions Received From Political Committees**

 $\$\,50.01\,$  TO  $\$\,250.00\,$  Use this Part to itemize only contributions received from Political Committees with an aggregate value from § 50.01 TO § 250.00 in the reporting period.

Filer Identification	n Number				
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	entributing		Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8

### PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification	Number:				
				Data IMM /DD /WWWI	18
Full Name of Con	itributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor	ntributor		Date [MM/DD/YYYY]	8	
House #	Street Address		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address		Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3

## Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

rner identification Name					
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	3
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	_ 8
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
VICES IN THE STATE OF THE STATE		10FCA-10F031A337		1	The second secon

## All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Con	tributor			Date [MM/DD/YYYY]	8	
House #	Street Addre	ss		Date [MM/DD/YYYY]	8	
NA.		Diete	l 7in Oode	Doto (MANA/DD/WWW)		
City		State	Zip Code	Date [MM/DD/YYYY]	8	
mployer Name				Occupation	200.55	
Employer Mailin Principal Place of	g Address / f Business					
Full Name of Con	tributor			Date [MM/DD/YYYY]	8	
House #	Street Addre	SS		Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Employer Name				Occupation		
Employer Mailing Principal Place of				3032-2077-1994-001		
Full Name of Cor				Date [MM/DD/YYYY]	8	
House #	Street Addre	ss		Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Employer Name			1066 = 200782	Occupation		
Employer Mailin						
Principal Place of Full Name of Cor				Date [MM/DD/YYYY]	8	
i dii Name oi ooi	ittibator			Date (min/DD/1111)		
House #	Street Addre	ss		Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Employer Name				Occupation		
				Cocapation		
Employer Mailin Principal Place o	g Address /					

## PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nun	nber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	192			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			1000
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	1	No. 20 April 1985		<u> </u>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n		(dich mean)	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n			

page 8 of 12

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LE	ESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (FROM	I PART F)
TOTAL for the reporting period (2)	8	0.00
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$ 250.00 (FROM	I PART G)	
TOTAL for the reporting period (3)	8	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	8	0.00

#### SCHEDULE II Part f

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Con	tributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address	=		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution		SEEDING TO THE SE		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	Contribution				
Full Name of Co	ntributor	•		Date [MM/DD/YYYY]	_ 8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	_ 8
Description of C	Contribution		(0)		

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$ 250

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] §
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution

# Statement of Expenditures

Filer Identification Number:	
riiei iueiitiiitatioii Nuilibei.	

No. of the last of					Date [MM/DD/YYYY]   \$
To Whom Paid	T 1	( )	C . V		11/03/2017 300.00
	Friends	Description of Expenditure			
House # 3030	Street Address	Description of Expenditure			
City	Erie	State	Pa Zip Code	16510	Fund campaign accant
To Whom Paid					Date [MM/DD/YYYY] 8
	Friend	s of 1	isa Ferri	de	11/27/2017 324.14
House # 3030	Street Address	05 = 1 Si 91	Road		Description of Expenditure
City	rie	State	Pa Zip Code	14510	Fund campaign account
To Whom Paid					Date [MM/DD/YYYY]   \$
House #	Street Address	Description of Expenditure			
City		State	Zip Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House # Street Address					Description of Expenditure
City		State	Zip Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip Code		

# SCHEDULE IV Statement of Unpaid Debts Adapte and obligations which are outstanding at the end of the reporting period.

Use this	Section to itemize all unpaid debt	s and obligations which	in are outstanding at the e	nd of the reporting period.
ler Identification	Number:			
				La Line Bulleton of Dobt
ame of Creditor				Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
ity		State	Zip Code	
escription of De	ebt	,	,	
lame of Credito	r			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		8
City		State	Zip Code	
Description of De	ebt			
Name of Credito	r			Outstanding Balance of Debt
House #	Street Address	et Address		8
City		State	Zip Code	
Description of D	ebt	•	•	
Name of Credito		Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of D	Debt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of I	Debt			
Name of Credit	Outstanding Balance of Deb			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of	Debt			